

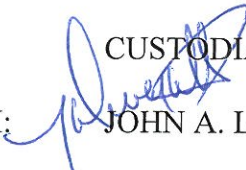
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MEDICAID SERVICES MANUAL  
TRANSMITTAL LETTER

August 12, 2008

MEMORANDUM

TO: CUSTODIANS OF MEDICAID SERVICES MANUAL

FROM:  JOHN A. LIVERATTI, CHIEF OF COMPLIANCE

SUBJECT: MEDICAID SERVICES MANUAL CHANGES  
CHAPTER 2200 – HOME AND COMMUNITY  
BASED WAIVER FOR THE FRAIL ELDERLY

BACKGROUND AND EXPLANATIONS

The Division for Aging Services requests to remove the requirement where providers must receive approval from their agency to secure and maintain a provider number (48) for the Home and Community Based Waiver for the Frail Elderly.

MATERIAL TRANSMITTED

**MTL 19/08**

CHAPTER 2200 – HOME AND  
COMMUNITY BASED WAIVER FOR  
THE FRAIL ELDERLY

Sec. 2203.13

Sec. 2203.13A

Added “All providers (48) for the waiver for the Frail Elderly must complete the CMS 1500 for payment of waiver services. Incomplete or inaccurate claims will be returned to the provider by Medicaid’s fiscal agent. If the wrong form is submitted it will also be returned to the provider by Medicaid’s fiscal agent.”

MATERIAL SUPERSEDED

**MTL 14/03**

CHAPTER 2200 – HOME AND  
COMMUNITY BASED WAIVER FOR  
THE FRAIL ELDERLY

Deleted “The State assures that claims for payment of waiver services are made only when an individual is Medicaid eligible and only when the service is included in the approved Plan of Care.”

Deleted “All providers (48) for the waiver for the Frail Elderly must complete the CMS 1500 for payment of waiver services and then forward the completed form to the appropriate local DAS office. DAS will authorize payment and send the form to Medicaid’s fiscal agent. Incomplete or inaccurate claims will be returned to DAS by Medicaid’s fiscal agent. If the wrong form is submitted, it will also be returned to DAS by Medicaid’s fiscal agent.”

Section 2203.1B

Added “Refer to First Health Services Corporation, Nevada Medicaid and Nevada Check Up, CMS 1500 Provider Billing Manual for detailed instructions for completing the CMS 1500 form.”

Deleted “Refer to Section 2205.1 of this Medicaid Services Manual for detailed instructions for completing the DAS billing form or CMS billing form and for a list of covered procedure codes.”